

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVE
AND
FILED

04 MAY -4 PM 5:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A93000000864



1. Entity Name
CEEBRAID-SIGNAL FLORIDA MANAGEMENT, LTD.

Principal Place of Business 250 AUSTRALIAN AVE., SO., 10TH FL, #1003 WEST PALM BEACH, FL 33401	Mailing Address 250 AUSTRALIAN AVE., SO., 10TH FL, #1003 WEST PALM BEACH, FL 33401
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2. Principal Place of Business		3. Mailing Address		04272004 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 11-3180696	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHLESINGER, RICHARD 801 SOUTH COUNTY ROAD PALM BEACH, FL 33480		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$20,000.00	10. Amount of Capital Contributions in FLORIDA to date. 20,000
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G93235900033 THE PRINCE REALTY TRUST NO. II 250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR WEST PALM BEACH, FL 33401	STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	300036523663
		CITY-ST-ZIP	05/17/04--01077--015 **228.75
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Prince Realty Trust II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

Jason Schlesinger, TTEE

STAPLE CHECK HERE